

MULTIPLE DEPENDENT CLAIM
 FEE CALCULATION SHEET
 (FOR USE WITH FORM PTO-475)

10/550607

ISSUANCE NO. FILING DATE
 APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/		/		51						
2		/		/		/	52						
3		/		/		/	53						
4		/		/		/	54						
5		/		/		/	55						
6		/		/		/	56						
7		/		/		/	57						
8		/		/		/	58						
9		/		/		/	59						
10		/		/		/	60						
11		/		/		/	61						
12		/		/		/	62						
13		/		/		/	63						
14		/		/		/	64						
15		/		/		/	65						
16		/		/		/	66						
17		/		/		/	67						
18		/		/		/	68						
19		/		/		/	69						
20		/		/		/	70						
21		/		/		/	71						
22							72						
23							73						
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42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	1	↓		↓		↓		↓		↓		↓	
TOTAL DEP.	19	←		←		←		←		←		←	
TOTAL CLAIMS	20												